

**UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION**

In re:

Janette E Turner

Debtor(s)

Case No. 16-09647

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**CHAPTER 13 STANDING TRUSTEE'S FINAL REPORT AND ACCOUNT**

Glenn Stearns, chapter 13 trustee, submits the following Final Report and Account of the administration of the estate pursuant to 11 U.S.C. § 1302(b)(1). The trustee declares as follows:

- 1) The case was filed on 03/21/2016.
- 2) The plan was confirmed on 09/09/2016.
- 3) The plan was modified by order after confirmation pursuant to 11 U.S.C. § 1329 on NA.
- 4) The trustee filed action to remedy default by the debtor in performance under the plan on NA.
- 5) The case was converted on 07/17/2017.
- 6) Number of months from filing to last payment: 16.
- 7) Number of months case was pending: 16.
- 8) Total value of assets abandoned by court order: NA.
- 9) Total value of assets exempted: \$38,700.00.
- 10) Amount of unsecured claims discharged without payment: \$0.00.
- 11) All checks distributed by the trustee relating to this case have not cleared the bank .

**Receipts:**

Total paid by or on behalf of the debtor	\$5,611.40
Less amount refunded to debtor	\$222.87

**NET RECEIPTS:**

**\$5,388.53**

**Expenses of Administration:**

Attorney's Fees Paid Through the Plan	\$2,510.00
Court Costs	\$0.00
Trustee Expenses & Compensation	\$266.48
Other	\$0.00

**TOTAL EXPENSES OF ADMINISTRATION:** **\$2,776.48**

Attorney fees paid and disclosed by debtor: **\$490.00**

**Scheduled Creditors:**

Creditor Name	Class	Claim Scheduled	Claim Asserted	Claim Allowed	Principal Paid	Int. Paid
CARRINGTON MORTGAGE SERVICES	Secured	18,908.00	2,337.73	2,337.73	2,337.73	0.00
CARRINGTON MORTGAGE SERVICES	Secured	0.00	NA	NA	0.00	0.00
PRESENCE HEALTH	Unsecured	NA	75.00	75.00	7.50	0.00
PRESENCE HEALTH	Unsecured	NA	300.00	300.00	30.00	0.00
PRESENCE HEALTH	Unsecured	NA	244.60	244.60	24.46	0.00
PRESENCE HEALTH	Unsecured	NA	300.00	300.00	30.00	0.00
PRESENCE HEALTH	Unsecured	NA	141.70	141.70	14.17	0.00
PRESENCE HEALTH	Unsecured	NA	300.00	300.00	30.00	0.00
PRESENCE HEALTH	Unsecured	NA	341.01	341.01	34.10	0.00
PRESENCE HEALTH	Unsecured	1,000.00	995.43	995.43	99.54	0.00
QUANTUM3 GROUP	Unsecured	NA	45.46	45.46	4.55	0.00
PSJMC PHYSICIAN BILLING	Unsecured	40.00	NA	NA	0.00	0.00
SHOREWOOD FAMILY DENTAL CAR	Unsecured	100.00	NA	NA	0.00	0.00
SILVER CROSS HOSPITAL/VISION FIN	Unsecured	500.00	NA	NA	0.00	0.00
SOUTHWEST GASTROLOGY/CREDITI	Unsecured	170.00	NA	NA	0.00	0.00
SPRINT CUSTOMER SERVICE/CONVE	Unsecured	1,220.00	NA	NA	0.00	0.00
AMERICAN ANESTHESIOLOGY ASSC	Unsecured	170.00	NA	NA	0.00	0.00
CENTER FOR NEUROLOGICAL DISEA	Unsecured	420.00	NA	NA	0.00	0.00
CITY OF JOLIET MUNICIPAL SERVICI	Unsecured	1,880.00	NA	NA	0.00	0.00
COMCAST CABLE	Unsecured	240.00	NA	NA	0.00	0.00
DENTALWORKS INC/ESCALLATE	Unsecured	110.00	NA	NA	0.00	0.00
DIGESTIVE HEALTH ASSOCIATES	Unsecured	60.00	NA	NA	0.00	0.00
DISH NETWORK/STELLAR RECOVER	Unsecured	2,020.00	NA	NA	0.00	0.00
DREYER MEDICAL CLINIC/ADVOCAT	Unsecured	60.00	NA	NA	0.00	0.00
EDWARD HEALTH VENTURES	Unsecured	180.00	NA	NA	0.00	0.00
EMP OF WILL COUNTY LLC	Unsecured	30.00	NA	NA	0.00	0.00

**Scheduled Creditors:**

Creditor Name	Class	Claim Scheduled	Claim Asserted	Claim Allowed	Principal Paid	Int. Paid
FAMILY MEDICAL GROUP	Unsecured	220.00	NA	NA	0.00	0.00
HEARTLAND CARDIOVASCULAR CE	Unsecured	10.00	NA	NA	0.00	0.00
ILLINOIS TOLLWAY/STATE OF ILLIN	Unsecured	70.00	NA	NA	0.00	0.00
INTERNAL MED & FAMILY PRACTIC	Unsecured	30.00	NA	NA	0.00	0.00
JOLIET RADIOLOGICAL SERVICE CO	Unsecured	60.00	NA	NA	0.00	0.00
LINDEN OAKS HOSPITAL/CREDITOR!	Unsecured	640.00	NA	NA	0.00	0.00
MAXLEND 2016	Unsecured	1,000.00	NA	NA	0.00	0.00

**Summary of Disbursements to Creditors:**

	Claim Allowed	Principal Paid	Interest Paid
<b>Secured Payments:</b>			
Mortgage Ongoing	\$0.00	\$0.00	\$0.00
Mortgage Arrearage	\$2,337.73	\$2,337.73	\$0.00
Debt Secured by Vehicle	\$0.00	\$0.00	\$0.00
All Other Secured	\$0.00	\$0.00	\$0.00
<b>TOTAL SECURED:</b>	<b>\$2,337.73</b>	<b>\$2,337.73</b>	<b>\$0.00</b>
<b>Priority Unsecured Payments:</b>			
Domestic Support Arrearage	\$0.00	\$0.00	\$0.00
Domestic Support Ongoing	\$0.00	\$0.00	\$0.00
All Other Priority	\$0.00	\$0.00	\$0.00
<b>TOTAL PRIORITY:</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>GENERAL UNSECURED PAYMENTS:</b>	<b>\$2,743.20</b>	<b>\$274.32</b>	<b>\$0.00</b>

**Disbursements:**

Expenses of Administration	<u>\$2,776.48</u>
Disbursements to Creditors	<u>\$2,612.05</u>

<b>TOTAL DISBURSEMENTS :</b>	<b><u>\$5,388.53</u></b>
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12) The trustee certifies that the foregoing summary is true and complete and all administrative matters for which the trustee is responsible have been completed. The trustee requests that the trustee be discharged and granted such relief as may be just and proper.

Dated: 07/25/2017

By: /s/ Glenn Stearns

Trustee

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**STATEMENT:** This Unified Form is associated with an open bankruptcy case, therefore, Paperwork Reduction Act exemption 5 C.F.R. § 1320.4(a)(2) applies.